

Application No. 10/613,608
Attorney Docket No.: LS-001

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PATENT

JUL 18 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:)	Group Art Unit: 3739
Glenn Butler)	
Application No.: 10/613,608)	Examiner: Henry M. Johnson III
Filed: July 3, 2003)	(571) 272-4768/phone
For: METHODS AND APPARATUS FOR LIGHT THERAPY)	(571) 273-8300/fax
)	AMENDMENT & RESPONSE
)	to the Final Office Action
)	Mailed March 18, 2005
)	
)	Attorney Docket No. LS-001
)	
Customer No. 31647)	Dugan & Dugan, PC
)	55 South Broadway Ave.
)	Tarrytown, NY 10591
)	
)	

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Commissioner for Patents at (571)273-8300
on July 18, 2005.

Dated: 7/18/2005

By:

Steven M. Santisi

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed March 18, 2005, entry of the following amendment and consideration of the following remarks with regard to the above-captioned application are respectfully requested.

Amendments to the claims begin on page 2.

Remarks begin on page 8.

-1-

LS-001 3-18-2005 Office Action Response

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Valerie G. Dugan
Brian M. Dugan, Ph.D.

Dugan & Dugan, PC
Patents, Trademarks & Copyrights
55 South Broadway
Tarrytown, NY 10591

(914)332-9081 telephone
(914)332-9082 facsimile
DUGANEMAIL@DUGANPATENT.COM

FACSIMILE COVER SHEET

July 18, 2005

PLEASE DELIVER THE ATTACHED MESSAGE TO:

Examiner: Henry M. Johnson, III Phone No.: (571) 272-4768
Fax No.: (571) 273-8300
From: Steven M. Santisi

Our File No.: Docket No. LS-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Glenn Butler
Serial No. : 10/613,608
Filed : July 3, 2003
For : METHODS AND APPARATUS FOR LIGHT THERAPY
Examiner : Henry M. Johnson, III
Group Art Unit : 3739

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE: 16

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Docket No. LS-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Alexandria, VA 22313-1450

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JUL 18 2005

Re: Inventor(s): Glenn Butler
Title: METHODS AND APPARATUS FOR LIGHT THERAPY
Serial No.: 10/613,608
Filed: July 3, 2003
Examiner: Henry M. Johnson, III
Group Art Unit: 3739

Transmitted herewith is:

- ☒ Amendment & Summary of Examiner Interview
☒ Request for Extension of Time
☒ Transmittal and Fax Cover Sheet

FEE CALCULATION					
Fee Items	Highest No. of claims previously paid	Present No. of claims filed	Extra Claims	Fee Rate	Total
Total Claims				X \$50.00	\$0.00
Independent Claims				X \$200.00	\$0.00
Basic Filing Fee				\$770.00	PAID
TOTAL FEES					\$0.00

☒ The Commissioner is hereby authorized to charge \$60.00 to Deposit Account No. 04-1696.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1696. A duplicate copy of this transmittal is enclosed.

☒ Please address all future correspondence to: Customer # 31647
Dugan & Dugan, PC
55 South Broadway
Tarrytown, NY 10591

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I hereby certify that, on the date shown below, this correspondence is being:

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Signature

July 18, 2005
Date

Steven M. Santisi
(name of person certifying)

Respectfully submitted,

Steven M. Santisi
Registration No. 40,157
(914) 332-9081